

DO/US WORKSHEET

INTERNATIONAL APPLICATION NUMBER <u>PCT/CB87/00039</u>	PRIORITY DATE <u>23 Jan 1986</u>	20 MONTH DUE DATE <u>23 Sept 1987</u>
INTERNATIONAL FILING DATE <u>23 Jan 1987</u>	FIRST NAMED APPLICANT FOR DO/US <u>Wilson, Richard, Harris et al</u>	TOTAL NUMBER <u>2</u>

Language of Filing <input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> _____	Language of Publication <input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Not published:	Publication No. <u>W087/04462</u> Date: <u>30 JULY-87</u> Gaz. Issue _____	Date of Receipt of PCT/IB/302 <u>24 FEB-87</u> PCT/IB/304 <u>13 APR-87</u> PCT/IB/310(IA) <u>06 AUG-87</u> PCT/IB/310(PD) <u>29 JULY-87</u>
<input type="checkbox"/> U.S. only DO <input type="checkbox"/> as of EP Request			35 U.S.C. 371 Requirement <u>23 OCT 1987</u>

Article 20 Receipts from 1B:		<input type="checkbox"/> Normal	<input type="checkbox"/> From Applicant:	<input type="checkbox"/> IB Late <input type="checkbox"/> EP Request
Item Request Description Claims Drawing Search Report Original Search Report English Amended Claims Priority Document	Complete <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Reminder mail date _____ <input type="checkbox"/> No Drawings on filing <input type="checkbox"/> Article 17 Declaration <input type="checkbox"/> Not amended <input checked="" type="checkbox"/> Pub. before time limit Total priority documents <u>1</u>		

35 U.S.C. 102(e) Date <u>23 OCT 1987</u>
Other: _____
Other: _____

Receipts from Applicant under 35 U.S.C. 371				Missing req. notice mailed:
Item National fee Oath/Declaration Translation of: Request Description Claims Abstract Words in Drawing Art. 19 Amdt. Not required	Complete at 20 mo. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None <input type="checkbox"/> _____ <input type="checkbox"/> Cancelled	Complete at 22 mo. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Surcharge <input type="checkbox"/> Yes <input type="checkbox"/> No Processing fee	Acceptance Notice mailed:	
Other receipts from applicant:				Abandon Notice mailed:
<input type="checkbox"/> None <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Disclosure Statement				<input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> _____

Early Processing Request <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Received before:	<input type="checkbox"/> 16 months Search Report	<input type="checkbox"/> 18 month Publication	<input type="checkbox"/> Article 20 from IB
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Informalities <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Oath/Declaration:
<input type="checkbox"/> _____
<input type="checkbox"/> _____